				bron.
U.S.	Patent	and	Trad	ema

PTO/SB/22 (10-00)
USB through 10/31/2002. OMB 0851-0031
CO; U.S. DEPARTMENT OF COMMERCE
Unless it displays a valid QMB control number.

PETITION FOR EXTENSION OF T	16866-002200						
	s, et al.						
	Application Number 0		iled June 19, 1998				
	FOR RETENTATE CHROMATOGRAPHY AND PROTEIN CHIP ARRAYS WITH APPLICATIONS IN BIOLOGY AND MEDICINE						
		Examiner Ralph J. Gitomer					
This is a request under the provision	ns of 37 CFR 1.136(a)	to extend the per	lod for filing a				
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.							
The requested extension and appro- (check time period desired):		fee are as follow	s				
One month (37 CFR	t 1.17(a)(1))		\$				
☐ Two months (37 CF			\$				
☐ Three months (37 C			. \$				
Four months (37 CF			\$				
☑ Five months (37 CF			\$1970				
Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ 985. A check in the amount of the fee is enclosed. Payment by credit card. Form PTO-2038 is attached. The Commissioner has already been authorized to charge fees in this application to a Deposit Account. The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 20-1430. I have enclosed a duplicate copy of this sheet. I am theapplicant/inventor. assignee of record of the entire interest. See 37 CFR 3.71 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a).							
(0001 WARNING Pinförmation on this be included on this form. Prov DA June 26, 2003 Date	form may become puride credit card inform	nation and author	Inzation on P10-2038.				
NOTE: Signatures of all the Inventors or assign forms if more than one signature is required, se	ees of record of the entire into	erest or their represent	Typed or printed name				
✓ Total of 1 form is submitted.							

Burden Hour Statement: This form is estimated to take 0.1-hours to complete. Time will very depending upon the needs of the Individual case, Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patient and Trademark Officer, P. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissionar for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.

WC 9060066 v1

07/30/2003 TSUGGS

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